

TOWN OF HOWARD

BUILDING PERMIT

(Expires 1 Year From Issue Date)

DATE RECEIVED _____ FORM OF PAYMENT PERMIT NO. _____

DATE ISSUED _____ FEE _____ / _____ Cash _____

Check# _____ CODE ENFORCEMENT OFFICER _____

NOTE: ADDITIONAL \$100 FEE FOR WORK BEGUN BEFORE BUILDING PERMIT IS ISSUED BY C.E.O.

1. Code Enforcement Officer, (607) 566-2070 MUST be notified:

- 1. BEFORE covering septic system
- 2. BEFORE footers and/or foundation walls are poured
- 3. WHEN framing is up
- 4. BEFORE covering electrical wiring, plumbing and insulation
- 5. BEFORE project is used or occupied (see **NOTE:**)

2. Highway supervisor to be notified BEFORE installing driveway

3. A fire number must be obtained from the Steuben County Enhanced 9-1-1 Department. Call 607-664-2991.

NOTE: NO PROJECTS TO BE USED OR OCCUPIED UNTIL FINAL INSPECTION AND APPROVAL!

APPLICATION FOR BUILDING PERMIT (Please print and fill in completely).

1. PROJECT LOCATION (Include Fire Number and Road Name): _____

2. TAX MAP NO.: _____ SIZE OF LOT: _____

Subdivision: Yes No If YES, previous owner's name: _____

3. LAND OWNER'S NAME: _____ PHONE: (Home) _____ (Other) _____

4. APPLICANT NAME: _____ PHONE: (Home) _____ (Other) _____

5. APPLICANT MAILING ADDRESS: _____

6. CONTRACTOR'S NAME: _____ PHONE: (Home) _____ (Other) _____

7. PROJECT DESCRIPTION: _____ USE _____

(please include DETAILED sketch or blue print - see graph on 2nd form):

8. BUILDING TO BE _____ ft. wide by _____ ft. long/ _____ stories/ _____ square ft.

9. Nature of work (check ALL that are applicable) Size (L x W)

New Structure Septic System * Set Manufactured MOBILE Home..... x _____

Addition Demolition * Set Manufactured MODULAR Home... x _____

Alteration Other *(If Manufactured Home, fill in below)

*NAME OF MANUFACTURER _____ SERIAL NO. _____

* New Used YEAR BUILT _____ MODEL _____

10. HEATING: Heat type (check one) _____ Hot Air, _____ Hot Water/Steam, _____ Electric, _____ Other
Fuel type (check one) _____ None, _____ Gas, _____ Electric, _____ Oil, _____ Wood, _____ Coal, _____ Solar

11. CENTRAL AIR CONDITIONING: Yes No 12. FIREPLACE: Yes No

13. CHECK ONE: Slab Crawl Space Basement/Cellar/ _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

CONFORMS TO NEW YORK STATE BUILDING CODE

White Copy: CODE OFFICER ~ Yellow Copy: ASSESSOR ~ Pink Copy: Town Clerk ~ Goldenrod Copy: Applicant